Report of Patient with Major Vision Limitation
Minnesota State Services for the Blind

Minnesota Statutes, chapter 248.011, Section 1, “Reporting of newly blinded individual” state that newly diagnosed cases of legal blindness must be handled as contained in the following:

1. You must advise your patient (or the family) of the existence and role of Minnesota State Services for the Blind (SSB), and
2. After obtaining your patient’s consent, you must, within 30 days, advise SSB of the patient’s name.

After receiving the name of your patient, we are required to contact the person within 30 days and to provide them with details on the services available through SSB. Your efforts to initiate the process will be greatly appreciated.

To refer your patient:
• Advise patient of services provided by SSB;
• Obtain patient consent (Consent form on back);
• Complete referral information;
• Fold, tape (not staple), and mail.

To obtain another supply of these postcards, check here: □

REFERRAL INFORMATION

Address (Street)         Telephone Number

Diagnosis

Prognosis    Re-exam Date

SSB ROLE/MISSION

The loss of sight often causes a person...
• to be uncertain on the job
• to have difficulty with housework, personal care and travel
• to have difficulty with career planning

If these matters are troubling your patient, the mission of State Services for the Blind is helping blind and visually impaired Minnesotans maximize their vocational and personal independence.

THE MAJOR SERVICES ARE:

Vocational Rehabilitation
Training and education to obtain or maintain employment

Senior Services
Helping Seniors to be independent in their homes and communities

Communication Center Services
The availability of Braille/recorded materials

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We believe that blindness should never stop a person of any age from succeeding in jobs, training or other activities that reflect her/his best potential and interests. We also care about the services received by people who are blind or visually impaired and want to be sure that these services are tailored to each person’s unique needs.

CONSENT FORM

Your doctor is required to inform you about Minnesota State Services for the Blind (SSB) and the services it provides to people who are visually impaired. If you are willing to have your doctor refer you to SSB for services, please indicate with your signature below.

Signature

Date